

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5422AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>CANYON HILLS MANOR II</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4540 S MONEY ST</b> <b>PAHRUMP, NV 89048</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 1/25/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of B.  The following deficiencies were identified:	Y 000			
Y 444 SS=D	Blank  This Regulation is not met as evidenced by: Based on observation on 1/25/11, the facility failed to ensure one of the smoke detectors was maintained in operating condition (battery dead in smoke detector in Caregiver's Bedroom).  This was a repeat deficiency from the 5/17/10 and 9/10/10 State Licensure surveys.  Severity: 2 Scope: 1	Y 444			
Y 885 SS=F	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the	Y 885			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 885	Continued From page 1  medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744.  This Regulation is not met as evidenced by: Based on observation and interview on 1/25/11, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred (Resident #2, Resident #3, Resident #4, Resident #5, and Resident #6)  Severity: 2 Scope: 3	Y 885			
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.  This Regulation is not met as evidenced by: Based on observation on 1/24/11, the facility failed to ensure 2 of 5 of exit doors had installed alarms that operated when the exit door was	Y 991			

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Y 991	Continued From page 2  opened or were activated at all times (West exit door, exit door from Caregivers Bedroom).  Severity: 2 Scope: 3	Y 991			
Y 992 SS=F	449.2756(1)(c) Alzheimer's Fac awake staff  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times.  This Regulation is not met as evidenced by: Based on observation and interview on 1/25/11, the facility failed to ensure one member of the staff was awake at the facility at all times (Employee #1 stated he was the only employee on duty for the entire 24 hour period and weekdays).  Severity: 2 Scope: 3	Y 992			
Y 995 SS=F	449.2756(1)(f)(1) Alzheimer's Facility yard  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor	Y 995			

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Y 995	<p>Continued From page 3</p> <p>activities;</p> <p>All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times.</p> <p>This Regulation is not met as evidenced by: Based on observation on 1/25/11, the main gate to the facility was closed, however where the 2 gates meet in the middle they can be easily spread wide enough to allow someone to egress.</p> <p>This was a repeat deficiency from the 9/10/10 State Licensure Survey.</p> <p>Severity: 2 Scope: 3</p>	Y 995			

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